Terry Akhtarzad M.A, LMFT

Licensed Marriage and Family Therapist

#103315

1626 Westwood Blvd #103

L.A, CA 90024

(310) 596-4300

TerryAkhtarzad@gmail.com

**CONFIDENTIAL CLIENT INFORMATION**

**INTAKE AND CONSENT**

**GENERAL INFORMATION**

Client's Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today's Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City \_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_ Home Phone ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell phone ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth date \_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_ MRN#

Education highest level \_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Website \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***You have my permission to contact me on my \_\_ Home Phone \_\_ Cell Phone \_\_ Work Phone \_\_ E-mail***

Driver's License #—————-

Insurance ID #

I found you via: \_\_\_Google \_\_\_ Therapist referral site (which): \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ Person (who) \_\_\_\_\_\_\_\_\_\_\_\_

**EMPLOYMENT**

Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Responsibilities \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work phone ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip \_\_\_\_\_\_\_\_\_

**PERSONAL / FAMILY INFORMATION** Marital Status \_\_\_\_\_\_\_\_\_\_\_ If married, anniversary date \_\_\_\_\_\_\_\_

Partner's Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Partner’s Age \_\_\_\_\_ Partner's Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Length of current marriage/relationship \_\_\_\_\_\_\_\_\_ # of Previous marriage(s) \_\_\_\_ Length of each \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Names/ages of children: this marriage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ previous marriage(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Legal/physical custody? visitation arrangement? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact, if those in house cannot be reached:

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone ( ) \_\_\_\_\_\_\_\_\_\_\_Cell ( ) \_\_\_\_\_\_\_\_\_\_\_

Purpose for today's consultation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you CURRENTLY involved in a legal procedure? \_\_\_\_\_ If so, does it concern your seeking counseling? \_\_\_\_\_\_\_\_\_

**CONFIDENTIAL PSYCHOLOGICAL/MEDICAL HISTORY**

Are you CURRENTLY seeing another psychotherapist or counselor? \_\_\_\_\_\_\_\_\_\_ If so:

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For how long? \_\_\_\_\_\_\_\_\_\_ For what purpose(s)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you PREVIOUSLY been in psychotherapy or counseling? \_\_\_\_\_\_ If so: When? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For how long? \_\_\_\_\_ For what purpose(s)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Results \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you have had difficulties with any of the following, **either current or past**, please explain:

\_\_\_\_\_ Alcohol, drug, or tobacco dependence or frequent use? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Eating disorder(s)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Other addictive or compulsive behavior(s)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Depression or suicidal thoughts/attempts? —————————/-

——- Homicidal thought/attempt \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Anxiety or panic attacks? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_ Major illness, surgery, or other physical problems )? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Anger, arguments, domestic violence (current or childhood)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Marital, relationship, or family problems (current or childhood)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Learning disabilities/problems or ADD/ADHD? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List stressful situations in your life (accident, hospitalization, separation from loved ones, traumatic event, head injury)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What have you found has been helpful to you when you have felt depressed, anxious, etc.?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In ONE word, please describe your current: relationship situation \_\_\_\_\_\_\_\_\_\_\_\_\_ sexual relationship(s) \_\_\_\_\_\_\_\_\_\_\_\_

In ONE word, describe how you are feeling in general lately: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ how you feel today \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list ALL prescription medications you are CURRENTLY taking:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any PREVIOUS medications you have taken for psychological purposes:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount of CURRENT use: Tobacco \_\_\_\_\_\_\_\_ Alcohol \_\_\_\_\_\_\_\_\_\_\_ Caffeine (coffee/cola/chocolate) \_\_\_\_\_\_\_\_\_\_\_\_

Sugar \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other drugs (marijuana, cocaine, etc - specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of last medical exam \_\_\_\_\_\_\_\_\_\_\_\_ Doctor's Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other useful information to assist in counseling: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Psychotherapy** is a confidential process designed to help you address your concerns, come to a greater understanding of yourself, and learn effective personal and interpersonal coping strategies. It involves a relationship between you and a trained therapist who has the desire and willingness to help you accomplish your individual goals. Counseling involves sharing sensitive, personal, and private information that may at times be distressing. During the course of counseling, there may be periods of increased anxiety or confusion. The outcome of counseling is often positive; however, the level of satisfaction for any individual is not predictable. Your therapist is available to support you throughout the counseling process.

**CONFIDENTIALITY:**

**All interactions with Therapy Services, including scheduling of or attendance at appointments, content of your sessions, progress in counseling, and your records are confidential. No record of counseling is contained in any academic, educational, or job placement file. You may request in writing that Terry Akhtarzad release specific information about your counseling to persons you designate.**

**In case of insurance Terry Akhtarzad will ask you to sign a release to talk to your insurance company and third party biller.**

**EXCEPTIONS TO CONFIDENTIALITY**:

• If there is evidence of clear and imminent danger of harm to self and/or others, a therapist is legally required to report this information to the authorities responsible for ensuring safety.

• California state law requires that if your therapist learns of, or strongly suspects, physical or sexual abuse or neglect of any person under 18 years of age must report this information to county child protection services. Furthermore, elderly abuse of any individual 65 years or older or any dependent adult will be reported.

• A court order, issued by a judge, may require Terry Akhtarzad to release information contained in records and/or require her to testify in a court hearing.

**Cancellation policy**

We appreciate prompt arrival for appointments. Please notify me if you will be late. Twenty-four hour notice of cancellation allows me to use the time for every client. Hence you will be charged in full for any cancellations without the 24 hr notice. We will start and end the session on time. If you are late to session we will still stop at ten minutes prior to the hour as to be courteous to the next Client.

Please note that your insurance will not pay for your cancellation fee and that you are responsible to pay the provider out of pocket. The client is responsible to notify the provider for insurance coverage and eligibility and to pay the co-pay directly to the provider. You will need to put your credit card information via paper or IVY pay a HIPPA compliant company for late cancellation or unpaid balances.

\*\*\*Returned checks will be charged $ 30.00 plus the amount of the check. In an attempt to collect any debt due to the therapist, the therapist exercises the right to send the account to the collection agency.

**Communication**

I will try and return your phone calls within 24 hours unless on leave which you will have ample notice.

Texting is for appointments and for cancellation only . If you need to speak to me please text me the time you are available and I will try to call you back by the end of the day.

**Insurance**

The full fee is paid in advance. The therapist will Provide the Client a super bill as courtesy. The client is responsible to ask the insurance company if their session will be covered, the amount of their copay and of their deductible has been met. If your deductible has not been met you are responsible to pay the provider out of pocket. In case you use insurance, your record will be shared with the insurance company, and the third party Biller.

**For couple (relational) sessions,**

**Please note that most insurances do not cover it and you will need to find out from your insurance. I will need to collect the full fee of 150.00/ 50 Minute session in advance unless we have arrangement for sliding scale due to financial hardship.**

 **In cases where you need two sessions back to back please note that is is 100 minute**

**Couples**

There is a “no secret “ policy for couples. If one of the couple calls the therapist in between session, the therapist will encourage them to bring up the issue in session. Exception to this rule will be crisis, safety and health protected item covered under HIPPA.

Please note: I will not testify or be an expert in any court proceedings , If there is an unavoidable case or situation I will have additional charges up to $400.00/ hour which I will discuss if it becomes necessary.

If you need me to fill out any forms including leave of absence from work I will charge you $200.00/ hour even if you are no longer my client.

**SOCIAL MEDIA**

 I Terry Akhtarzad use Facebook, LinkedIn, Instagram for purposes. This may be where you first learned of my practice.

While I value the opportunities for information and connection that social media provides, I also want to ensure your privacy and confidentiality to the degree possible. Therefore, I do not accept “friend” requests or similar connection requests from clients. Commenting or direct messaging through social media is not an appropriate way-to contact me, and I will not acknowledge or respond to client communication attempts through these channels. I apologize if this may at first appear to be cold; it is designed to protect your interests and your privacy.

To reach me, please call 3105964300 or email me at terryakhtarzad@gmail.com if you wish.

I do not provide client contact information to any social media platforms. However, you still may find that these platforms present some risk to your confidentiality. They are known to match people using descriptions like “People You May Know” simply if you and the other person share the same contact in your phone, and have given the social media site access to your contacts. If you have “Liked,” commented on, or otherwise attempted to respond to any of my posts in the past, this information may also be used by social media platforms to connect you to me – and may result in you being connected to others who have connections with me in various ways. As such, you may be suggested as a potential contact for other clients, and other clients may be suggested as a potential contact for you. I have no ability to control or alter how social media platforms use information about you or me that I did not share.

**I have read and discussed the above information with my therapist. I understand the risks and benefits of counseling, the nature and limits of confidentiality, and what is expected of me as a client of the Counseling Services.**

*Signature of Client. Date: Signature of Therapist.*

TERRY AKHTARZAD LMFT#103315

# **AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION**

I —————- ————————authorize my therapist **Terry Akhtarzad LMFT** to disclose/exchange specific information and records obtained in the course of my counseling with My insurance and third party biller for the purpose of claims and Billing.

This disclosure of information and records authorized herein is required for

Communication and shall be limited to the following specific types of information

Billing and collaboration ; and will remain valid until the date:

I understand that any cancellation or modification of this authorization must be in writing

Client name

DOB

Parent or legal Guardian Name

DOB

signature